

Maricopa County Department of Public Health
Request for Certified Copy of **ARIZONA BIRTH CERTIFICATE** – In Person Application





COUNTY	W			ENT PHOTO ID IS REC				BIRTH	
TODAY'S DATE:		# Of Copies	Payment Method	Total Amount		Fees: \$20—Per Certified Copy \$30—Per Correction/Ame Court Order (1997-	endment & -Present)		
Name on Certificate	First		Middle		Last	Suffi	х	Date of Birth	
Sex MALE  FEMALE					County of Birth  OFFICE USE ONLY				
Mother's First Middle <b>Maiden (Last Name</b> Name				lame Prior to 1st Marriage)	Date of Birth  STATE FILE NUMBER  State (if US) or Country of Birth				
Father's Name	First	Middl	le Last		Date o	f Birth  if US) or Country of Birth	REQUEST  DATE ENT		
Your Full Name -	— Printed		1	Your Signature—Required	,		- DATE ENT	LNED	
							DATE ISSU	JED	
Relationship to Person on Certificate  **PROOF OF RELATIONSHIP IS REQUIRED IF YOU ARE NOT NAMED ON CERTIFICATION.				Daytime Phone Number			SERIAL NUMBER		
	eet	City	State	Zip	Code	SERIAL NUMBER			
GOV'T ISSUED ID (OFFICE USE ONLY)							RECEIPT NUMBER		
DOCUMENTS VE (OFFICE USE ON									
TODAY'S DATE:		ARNING: False	Application for a	NA BIRTH CERTIFICATE –  BIRTH Certificate is of ENT PHOTO ID IS REC	Puni	shable Offense	endment &	BIRTH	
Name on Certificate	First		Middle	<b> </b>	Last	Suffi		Date of Birth	
Sex MALE  FEMALE	Hospital		Tow	n/City of Birth		County of Birth	OFI	FICE USE ONLY	
Mother's First Name				lame Prior to 1st Marriage)	State (if US) or Country of Birth			E NUMBER	
Father's I Name	First	Middl	le Last		Date o	f Birth  if US) or Country of Birth	REQUEST		
Your Full Name — Printed Your Signature—R					State	in 03) or country or birth	DATE ENTERED		
Relationship to Person on Certificate				Daytime Phone Number			DATE ISSUED		
**PROOF OF RELATIONSHIP IS REQUIRED IF YOU ARE NOT NAMED ON CERTIFICATE							SERIAL NUMBER		
Address	eet	City	State Zip Code			SERIAL NUMBER			
(OFFICE USE ON							RECEIPT N	IUMBER	
DOCUMENTS VE (OFFICE USE ON									